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|---|---|--|------------------------------------|---|---------------------------|--------------------------------|
| SERIAL NUMBER 10/783,092 | FILING or 371(c) DATE 02/23/2004 RULE | CLASS 623 | GROUP ART UNIT 1614 | ATTORNEY DOCKET NO. 03426.000140. | | |
| APPLICANTS Taru Blom, Nousiainen, FINLAND; Lauri Kangas, Lieto, FINLAND; Risto Lammintausta, Turku, FINLAND; | | | | | | |
| ** CONTINUING DATA ***** none | | | | | | |
| ** FOREIGN APPLICATIONS ***** none | | | | | | |
| ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 05/13/2004 | | | | | | |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /SHIRLEY V GEMBEH/ Acknowledged Examiner's Signature | | <input type="checkbox"/> Met after Allowance Initials | STATE OR COUNTRY FINLAND | SHEETS DRAWINGS 5 | TOTAL CLAIMS 11 | INDEPENDENT CLAIMS 1 |
| ADDRESS FITZPATRICK CELLA HARPER & SCINTO 30 ROCKEFELLER PLAZA NEW YORK, NY 10112 UNITED STATES | | | | | | |
| TITLE METHOD FOR TREATMENT OF INDIVIDUALS WITH HIGH BONE TURNOVER | | | | | | |
| FILING FEE RECEIVED 450 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |